

**New Jersey Department of Health and Senior Services
Office of Emergency Medical Services
PO Box 360
Trenton, New Jersey 08625-0360**

**Emergency Medical Technician Training Fund
BASIC COURSE REIMBURSEMENT REPORT**

Course Sponsor		Tax ID
Course Coordinator		Telephone
Course Number	Course Location	

	# Volunteer Students	X	TOTAL
Module 1 Preparatory		\$115.00	
Module 2 Airway		\$72.50	
Module 3 Patient Assessment		\$72.50	
Module 4 Medical/Behavioral/OBGYN		\$72.50	
Module 5 Trauma		\$72.50	
Module 6 Infants/Children		\$72.50	
Module 7 Operations		\$72.50	
TOTAL			

AGREEMENT

I certify that all information provided is accurate and in compliance with the Emergency Medical Training Fund P. L. 1992, c143 as amended and all related rules and regulations. I also agree to comply with all laws, rules and regulations governing the operations of the program.

I understand that if any violation of the law, rules and/or regulations governing the operations of this program are identified, that the institution may lose its accreditation status and be ineligible to receive funding.

No volunteer student may be charged a fee, nor may reimbursement from other sources be received for a volunteer student attending this course.

I agree to submit all documentation required by "Reimbursement Procedure/Requirements".

I certify that I have read and understand all the above statements.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

NOTICE: It is a crime for any person to knowingly or willfully provide false information on this application, or make deliberately misleading statements regarding the eligibility of applicants (NJSA 2C:21-4(a)).

OEMS APPROVAL: _____ **DATE:** _____